



IFA 14th Global Conference on Ageing
INTERNATIONAL FEDERATION ON AGEING
Global Connections

Addressing Inequalities Summit

7 August, 2018

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Executive Summary

The Addressing Inequalities Summit, designed in collaboration with the Government of Canada, aimed to foster discussions among participants interested and committed to eliminating inequalities experienced by older people within marginalized subpopulations.

Alongside a rapidly ageing global population, global inequality exists, and the diverse needs of older people are apparent. Society often understates the fact that life experiences significantly impact, and at times jeopardise, the health and ability of older people to meet their basic needs. Also, certain subpopulations of older people experience additional marginalization, which is known to further negatively impact their lives.

The Summit explored the experiences of older women, older Indigenous people, older prisoners, older immigrants, older people living in rural and remote areas, older homeless people and older LGBTQ2 people. Beyond these specific groups, discussions throughout also highlighted certain inequalities that people of colour, individuals living with disabilities and those living in poverty experienced while ageing.

Four major themes emerged from the Summit, namely: the importance of data in reporting inequalities, the intersectionality of marginalized populations, the role of intergenerational initiatives, and the resilience within these populations.

Building on these themes, policies that are adapted to the needs of these populations and build on their strengths are critical in ensuring that new initiatives work with affected populations across the life course. Overall, discrimination, prejudice and stigma against older people and marginalized groups impacts at all levels, negatively affecting health and wellbeing.

Despite gaps in both policy and practice, there is a growing field working toward addressing the inequalities experienced by marginalized subpopulations of older people. The Summit recognized the importance of the work done by organizations and governments who are working towards addressing these inequalities. Moving forward, multi-sectoral collaborations should be utilized to scale up interventions and promote policy changes that promote and advance equality for all older people.

Background

In 2014, nearly one in six Canadians (15.7%) was age 65 years and over. By 2036, the population of older people will reach approximately 24% of the Canadian population. Over 10 million people born between 1945 and 1964 (known as the ‘baby boomers’) are projected to reach age 65 years and over in the next 15 years. This national trend is somewhat reflective of a global phenomenon, especially in more developed countries and those in transition. Globally, over two billion people will be 60 years and older by 2050, comprising over 20% of the world’s population¹.

Despite this demographic shift, the diverse nature of older people is most often under- represented in policy dialogue and targeted programs. At some levels of development, and in the general population, there is an assumption that the experience of older people is the same regardless of their gender, race, sexual orientation and citizenship status.

Society also often understates the fact that life experiences and the environment in which they live significantly impact, and at times jeopardise, the health and ability of older people to meet their basic needs. Specific groups of marginalized people, including older women, older Indigenous people, older prisoners, older immigrants, older people living in rural and remote areas and older LGBTQ2 people, are at higher risk of being impacted by inequalities.

Despite the recent shift towards greater recognition of the need for tailored services and greater sensitization of these issues, specific subpopulations face stigma and discrimination, negatively impacting their health and well-being.

The IFA aimed to improve awareness through new learnings of the inequalities experienced by older people and challenges associated with the economic and social wellbeing of several growing cohorts of older people in Canada and globally. Through the Summit the intention was to:

1. Build upon the knowledge base of specific subpopulations of older people and the associated inequalities; and
2. Strengthen stakeholder capacity to support national and international efforts in addressing issues related to ageing and older people.

¹ World Health Organization. (2015). World report on ageing and health. World Health Organization.

Keynote Addresses and Plenary Panel Presentations

Context

The Addressing Inequalities Summit was developed to encourage policy-related conversations, and encourage societal change, around the issues experienced by older people within marginalized subpopulations.

Within the overarching plenary theme of ‘Uncovering Similarities and Differences to Promote Inclusive Healthy Ageing’, presentations drew attention to the unique and differing experiences of specific populations of marginalized people, the commonalities that bring these groups together and successful strategies that can be utilized moving forward.

Global action for health equity, inclusive of all older adults

Although globally populations are living longer, with increases in lifespan, later years are not always lived in good health². Healthy ageing is defined by the World Health Organization (WHO) as “the process of developing and maintaining the functional ability that enables well-being in older age³.” Functional ability, which includes all factors related to health that enable all people to be and to do what they have reason to value, is comprised of environmental characteristics, an individual’s intrinsic capacity and interactions between these characteristics and the individual.

Specific influences that impact an individual’s health and wellbeing included the determinants of health equity, an individual’s place within the social stratification, and the unequal distribution of opportunities and resources within countries. These factors can influence an individual’s material circumstances, physiological control and social connection, and for those who are ageing as a member of a marginalized group, these factors often act as a force that is damaging to health and wellbeing⁴.

It is critical that global action towards improving the health equity of older people is informed by evidence. The WHO’s commitment to addressing the inequalities experienced by older people globally was emphasized through the *WHO Global Strategy and Action Plan on Ageing and Health* strategic objectives to aligning health systems, as well as in monitoring, research and evidence gathering⁵.

Despite positive ongoing efforts, several areas for improvement were also identified. This includes gaps between local interventions and regional scale-up, issues implanting successful interventions in varying contexts, and the importance of intersectoral collaboration in the different areas of action⁶. Even with the increase in public policy research and demonstrated government interest in promoting equity in health policies, there is still a lack of information on how to implement and adopt interventions in unique local contexts, highlighting the need for greater evidence.

In conclusion, the importance of drawing on policy commitments to advance evidence to action, and push knowledge translation to optimize healthy ageing that leaves no one behind was viewed as critical.

² Sadana, R., Blas, E., Budhwani, S., Koller, T., & Paraje, G. (2016). Healthy ageing: raising awareness of inequalities, determinants, and what could be done to improve health equity. *The Gerontologist*, 56(Suppl_2), S178-S193.

³ World Health Organization. (2015). *World report on ageing and health*. World Health Organization.

⁴ Wilkinson, R., & Pickett, K. (2010). *The spirit level: Why more equal societies almost always do better*.

⁵ World Health Organization (2017). *Global strategy and action plan on ageing and health*. Geneva, World Health Organization.

⁶ Travis, P., Bennett, S., Haines, A., Pang, T., Bhutta, Z., Hyder, A. A., ... & Evans, T. (2004). Overcoming health-systems constraints to achieve the Millennium Development Goals. *The Lancet*, 364(9437), 900-906.

Older Women

Has society forgotten its older people? Throughout a presentation focused on older women in Kenya, it was identified that in many cultures, older women, once seen as the bedrock of families, are increasingly neglected by society and treated unequally under the law. Although the specific experiences discussed may not be the exact same in Canada, coupled with sexism across the life course, older women experience the additional burden of harmful ageist assumptions throughout the ageing process, increasing the level of inequality experienced.

Around the world, varied social and cultural demands place women in an extremely precarious position as they age. Older women are more likely to experience elder abuse, financial exploitation, as well as the burden of caregiving for their loved ones across generations. In certain regions, it is not uncommon for them to be accused of witchcraft by family as a means to acquiring remaining financial assets.

From an old Kenyan provide “when an older woman dies, a library is lost”
- *Kenyan Proverb*

The concept of retirement can be seen as traumatizing to older women, as there is often little or no safety net, which leads to abject poverty. Coupled with the possibility to live in poverty, as well as abuse and neglect, older women often experience loneliness and isolation due to being moved from their homes later in life because of financial instability. This is the reality faced by older women in Kenya, with older women in Canada not necessarily experiencing the same fate.

Despite facing adversity throughout their lives, it should not be forgotten that older women are most often resilient and add immense value to their societies. Community level interventions that utilize the wisdom of older women are critical to promoting health and well-being, as well as reducing the inequalities felt by these individuals.

Older Indigenous People

It is impossible to discuss the inequalities felt by older Indigenous people in Canada without discussing the country’s colonial history, as well as Indigenous interpretations of health and wellbeing. Colonization in Canada has led to a fragmentation of identity, worldview, language, cultural traditions, family and governance structures, contributing to the levels of intergenerational trauma felt today.

Currently, the First Nations population is younger than the general Canadian population. However, projections show that the population distribution is shifting to an older age structure, with a major increase in those over age 65 years in the next 25 years.

To address the inequalities experienced by Inuit, Metis and First Nations populations, the specific determinants of Indigenous health over the life course need to be addressed. Residing in crowded living conditions, experiencing inequity in access to health and social services, as well as the ongoing experiences of oppression and colonization, negatively impact the health and wellbeing of individuals at different levels.

Chronic co-morbid conditions and the potential resultant frailty are evident in older First Nation populations in Canada earlier and more severely than the general population, both on and off reserve. Data illustrates that the frailty pattern for First Nations populations is happening at ages 20 years

younger than the general population, and similarly, beginning at 55 years of age, multimorbidity affects over 50% of the First Nations population^{7,8}.

With growing numbers of older people, First Nations communities are calling for increasing levels of investment in managing frailty and maintaining wellness across the life course that reflects Indigenous concepts of health and wellbeing.

Older Prisoners

In Canada, over 25% of the inmate population is 50 years of age or older, and this population is expected to continue to grow. The demographic transition is due to a combination of factors including a generally ageing Canadian population, an increasing number of offenders with life sentences, low parole grant rates, as well as legislative and policy reforms. Certain groups of older prisoners, such as older women and older Indigenous people, are increasing at a more rapid rate when compared to the rest of the population due to reasons currently unknown to the Office of the Correctional Investigator⁹.

People in prison age faster than the general population. This is a phenomenon known as accelerated ageing, which results in people 50 years of age or older in prisons being classified as 'older'. As a result, prisoners are experiencing certain age-related health issues earlier, making them an especially vulnerable group within the prison.

Not only do many face violence from their cell mates, but many of these older prisoners also have chronic health conditions that require certain forms of care that are not always available within prisons, leaving health care needs largely unmet. Minimal access to specialists and difficulties transferring health records between facilities results in many struggling to manage their chronic and / or pre-existing health conditions, let alone diagnose new illnesses. Issues around diagnosis also extend to mental illness and disorders with few staff trained to recognize changes in cognitive function.

Additionally, prison infrastructure is often inadequate in meeting the needs of the population. Most prisons are built to accommodate able-bodied young people and do not include age-friendly provisions like wide hallways for wheelchairs and walkers, hand rails or other devices used to encourage independence. Reduced mobility and health issues limit the activities that older prisoners can participate in, further isolating them from the general population.

Similarly, rehabilitative programming within prisons is largely directed to younger people who will be returning to the workforce upon their release. These activities reduce the success of older prisoners upon their release as they are often isolated and unaware of how to navigate social services outside of prison.

Directions for reform that would help address the inequalities felt by older prisoners include the expansion of parole by exception measures, as well as release and care options for older offenders to encourage ageing outside of prisons. Additionally, moving forward, the creation of a National Older Offenders Strategy is critical to protecting the rights and autonomy of older prisoners.

⁷ Walker, J. D. (2017). Aging and Frailty in First Nations Communities. *Canadian Journal on Aging/La Revue canadienne du vieillissement*, 1-12.

⁸ Walker et al. Unpublished data from Ontario First Nations Aging Study.

⁹ Zinger, I. (2017). Annual report of the Office of the Correctional Investigator, 2016–2017. Ottawa, ON: The Correctional Investigator Canada.

Older Immigrants

Almost two in three older people in the Greater Toronto Area are immigrants, either long-term, mid-term or recent, and across Canada, immigrants make up 30% of the population of older people.

Immigrants however are not a homogeneous group, but rather many subpopulations with unique characteristics and cultures. Increasingly older immigrants are from diverse groups, and as such it is important to consider both universal, migration-specific impacts (the impacts resulting from moving from one location to another), as well as ethno-specific factors related to the ageing process (the influence of where a person is migrating from and the ethnic/cultural factors associated with that place) when developing practices and policies to address these inequalities.

The desire of older people to live in the residence of their choice, for as long as they are able, is noted through gerontological research and often referred to as ‘ageing in place’¹⁰. Although not being able to age in a familiar place may be a concern for all older people, for older immigrants the experience may be compounded because of language barriers, various kinds of discrimination and the distance from familiar cultural and community values.

The concept of ‘ageing out of place’ (a term used in gerontological literature about older immigrants) as well as the physical and emotional experience of growing older in a foreign environment, are both central to the conversation around older immigrants¹¹. The experiences of those who are new to an area, often with little knowledge of local language and experiencing additional financial and acculturative stress (“the psychological impact of adaptation to a new culture”¹²), are only just beginning to emerge in the literature.

Growing older in a foreign land has implications on the health and wellbeing of older immigrants, the level of social isolation, and associated poor health outcomes, because of difficulties in accessing important health and social services necessary for health maintenance.

Moving forward, it is critical that initiatives and services that engage with older immigrants are strengthened and utilize an asset-based approach¹³, harnessing the strength of the population and build upon what is already present in communities. This includes the sharing and transmission of language and culture across generations, supporting labour market activity and encouraging community engagement.

Older People in Rural and Remote Areas

Although urban centres in Canada have seen dramatic population growth over the last 50 years, the number of people living in rural areas has stayed consistent and those living in these areas are ageing rapidly. This shift requires policy makers to think differently about the needs of older people living in rural and remote areas.

Poverty, disability, reduced mobility and isolation all affect an individual’s ageing process and the impacts are more pronounced for older people living in rural and remote areas. However, due to the

¹⁰ Sánchez-González, Diego; Rodríguez-Rodríguez, Vicente (2016). *Environmental Gerontology in Europe and Latin America. Policies and perspectives on environment and aging*. New York: Springer Publishing Company. p. 284.

¹¹ Sadarangani, T. R., & Jun, J. (2015). Newly arrived elderly immigrants: a concept analysis of “aging out of place”. *Journal of Transcultural Nursing*, 26(2), 110-117.

¹² Smart, J. F., & Smart, D. W. (1995). Acculturative stress: The experience of the Hispanic immigrant. *The Counseling Psychologist*, 23(1), 25-42.

¹³ Mathie, A., & Cunningham, G. (2003). From clients to citizens: Asset-based community development as a strategy for community-driven development. *Development in practice*, 13(5), 474-486.

demographic profile of rural and remote areas, most who are ageing in these communities are not alone, and this poses an additional set of challenges. With entire communities ageing, older people in rural and remote areas are more likely to experience the negative impact of economic decline, limited infrastructure and housing options, as well as a strained community capacity.

When governments attempt to develop policies that address these issues, they also face unique challenges, including: dispersed populations, rural limits to privatization and regionalization. However, despite challenges at the individual, community and government levels, there are valuable lessons to be learned about resilience and sustainability from these communities.

Moving forward, it must be understood that older people living in rural and remote areas face longstanding, unique and complex inequalities that are often unaccounted for in prevailing health, aging and care policy. Encouraging practices that address rural and remote inequalities involve innovations, partnerships and capacity building can be harnessed by governments when developing policy and programs to address this unequal burden.

Older Homeless People

Across Canada, an increasing number of older people are accessing support from food halls and emergency shelters. Trends of food insecurity, eviction and difficulty securing housing and/or care placements contribute to the growing number of older people experiencing homelessness.

When compared to the general population, homeless people age faster and, as such, within the literature, people 50 years of age or older are classified as ‘older’. This accelerated ageing puts older homeless people in a particularly precarious situation.

Within the older homeless population there are two main groups: those who have lived much of their life in homelessness and are now older; and those experiencing ‘new’ homelessness in late life, in many cases for the first time.

In both cases, there are various pathways to homelessness, such as job loss, family breakdown, abuse or trauma, colonization, substance use and incarceration. Certain groups such as Indigenous people, LGBTQ2 people, people living with disabilities and older immigrants are over-represented in the population of older homeless people¹⁴.

Shelters, long-term care providers, as well as older people, have identified that available services do not meet their needs. Older people often stay longer in shelters than younger people, and many experience barriers to accessing adequate care and housing. Also, when shelter spaces are available they are often not ‘age-friendly’ or equipped to deal with the health, palliative care and mobility needs of older people. Certain groups, such as older LGBTQ2 homeless people, are less likely to access shelter due to safety concerns, which further impacts the level of inequality they experience^{15,16,17}.

¹⁴ Grenier, A., Barken, R., Sussman, T., Rothwell, D., Bourgeois-Guérin, V., & Lavoie, J. P. (2016). A literature review of homelessness and aging: Suggestions for a policy and practice-relevant research agenda. *Canadian Journal on Aging/La Revue canadienne du vieillissement*, 35(1), 28-41.

¹⁵ Grenier, A., Sussman, T., Barken, R., Bourgeois-Guérin, V., & Rothwell, D. (2016). ‘Growing Old’ in Shelters and ‘On the Street’: Experiences of Older Homeless People. *Journal of gerontological social work*, 59(6), 458-477.

¹⁶ Grenier, A. (Forthcoming, 2019). Homelessness as ‘unequal aging’: A critical life course perspective. Montreal, McGill Queens University Press.

¹⁷ Rothwell, D. W., Sussman, T., Grenier, A., Mott, S., & Bourgeois-Guérin, V. (2017). Patterns of shelter use among men new to homelessness in later life: Duration of stay and psychosocial factors related to departure. *Journal of Applied Gerontology*, 36(1), 71-93.

Although older homeless people are visible on the streets and in their communities, they are often overlooked and invisible in policies and strategies to combat homelessness. Addressing the unique and complex needs of this population, as well as the various pathways to homelessness, are critical in alleviating the inequalities experienced by this group of marginalized older people.

Older LGBTQ2 People

Older LGBTQ2 people face unique challenges to healthy ageing. By experiencing the cumulative effects of a life course of discrimination, often needing to rely on ‘families of choice’ for care and support, and continuously experiencing unequal treatment under laws and programs for older people, there are many inequalities that need to be addressed for ageing LGBTQ2 communities globally.

Strongly institutionalized discrimination, which goes largely unnoticed, against older LGBTQ2 people impacts individuals within multiple systems including health, housing and caregiving. Stigma, prejudice and discrimination against older LGBTQ2 people manifests similarly around the world, negatively impacting health and wellbeing in multiple ways.

Not only are older LGBTQ2 people more likely to experience poverty and financial instability impacting access to housing, when housing is available it is not always safe. Welcoming housing is hard to find given continued biases and stigma around LGBTQ2 individuals, which adds an additional layer of complexity.

In addition, and contrary to their younger counterparts, older LGBTQ2 people experience additional discrimination because they also face ageist attitudes. Ageism within LGBTQ2 communities contributes to older LGBTQ2 people feeling less welcome and more disconnected from their local communities as they age.

Certain assumptions around ageing also need to be challenged in order to ensure relationships of older LGBTQ2 people are respected and this includes recognizing that the nuclear family model is not universal. Since older LGBTQ2 people are more likely to be single, live alone and be estranged from their biological families, they often rely on friends, or their chosen family to form their network of support instead of their biological family. To ensure that older LGBTQ2 people receive the health and social care they require, services need to adapt and consider ‘fictive kin’ (e.g. family, neighbor) to be more inclusive of varying family structures.

Even more concerning, these issues are amplified for certain sub-groups. Transgender older people are more likely to face unemployment and have lower household income than other LGBTQ2 communities. Similarly, black and Latino older adults are twice as likely to live in poverty as those in the general population in the United States.

The importance of education and training programs that draw attention to the unique needs and experiences of older LGBTQ2 people were recognized as helping to counter the systemic discrimination felt by these communities. Through supporting individuals and implementing systems-level changes, the inequalities experienced by older LGBTQ2 people can be addressed by improved policies and practices.

Inequalities and Diversity Through the Ageing Process

Globally life expectancies are increasing, but the experience of ageing varies greatly depending on context. Different country and region development trajectories have resulted in an unequal distribution of wealth and resources. Within the context of population ageing, unlike Global North countries which

gained their wealth before their population aged, countries in the Global South are ageing faster, and within the context of scarce resources¹⁸.

With references to *The Spirit Level: Why Greater Equality Makes Societies Strong*, rising levels of inequality within countries were identified as having a profound negative impact on an older person's health and wellbeing^{19,20}. High levels of inequality correlate with poverty, reduced access to health and social services for people with few financial resources and poor living conditions. These issues greatly impact an older person's ability to age well and are even more detrimental when impacting a member of an already marginalized group experiencing additional forms of inequality.

Taking a life course perspective and promoting wellbeing and resilience when addressing the inequalities experienced by older people within the longevity revolution are both important approaches. Similarly, by embracing a human rights-based approach, the diversity of ageing populations can be addressed to ensure populations globally are able to age with dignity.

Above all, when working towards addressing the inequalities felt by older people, promoting the right to health, education, financial security, housing and access to health and social services are crucial in protecting the dignity, independence and autonomy of older people.

Policy Implications

The idea that to adequately begin to address inequalities it is necessary to review policies and practices that impact marginalized subpopulations of older people across ministries and portfolios was expressed by all speakers. The inequalities discussed throughout the presentation do not exist within separate silos of work but rather across departments. Improving coordination across departments and ministries that work on portfolios related to access to employment and pensions, health and social services, immigration status, Indigenous status and the promotion of human rights is critical in addressing the inequalities experienced by older people in marginalized communities. It is also important to note that although the issues discussed involved older people, many of the presentations illustrated that inequalities felt were amplified due to experiencing various forms of discrimination and oppression across the life course.

At many levels of government and within organizational structures in Canada, discrimination is not tolerated. Section 15 of the Canadian Charter of Rights and Freedoms identifies the right to equality that is afforded to all Canadians and prohibits discrimination of an individual based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability²¹. In addition, due to several court decisions decided under Section 15, certain rights of LGBTQ2 people have also been acknowledged and protected.

Policy Gaps

Negative stereotyping and prejudice manifest in all aspects of life, both implicitly and explicitly, and discrimination is often felt personally, as well as systemically within institutions. The severity of

¹⁸ Miranda, G. M. D., Mendes, A. D. C. G., & Silva, A. L. A. D. (2016). Population aging in Brazil: current and future social challenges and consequences. *Revista Brasileira de Geriatria e Gerontologia*, 19(3), 507-519.

¹⁹ Wilkinson, R., & Pickett, K. (2011). *The Spirit Level: Why Greater Equality Makes Societies Stronger*. Bloomsbury Publishing USA.

²⁰ Wilkinson, R., & Pickett, K. (2018). *The Inner Level: How More Equal Societies Reduce Stress, Restore Sanity and Improve Everyone's Well-being*. Allan Lane.

²¹ Charter of Rights and Freedoms, s 15, Part 1 of the Constitution Act, 1982, being Schedule B to the Canada Act 1982 (UK), 1982, c 11.

prejudice and stigma, and not just blatant discrimination, on the basis of an individual's identity or circumstance negatively impacts the health and well-being of older people, and those who are ageing within these subpopulations.

Not only is prejudice and stereotyping often internalized by older people but these ideas are a barrier to policy and good practice. Addressing the inequalities experienced by marginalized older people requires changes at both system and individual levels.

Although the nine speakers that presented during the Summit focused on distinct topics and highlighted different inequalities, there were many overarching ideas that transcended specific subpopulations. The need to look at the intersectionality of marginalized populations, the importance of data in illustrating the far-reaching impact of inequalities, the role of intergenerational initiatives and the resilience of these populations were the main themes that evolved as critical to future policy development during the Summit. Based on the presentations, these four ideas have been elaborated on below, with specific examples from the presentations included within each theme.

Intersectionality

Intersectionality is an analytic framework which attempts to identify how interlocking systems of power impact those who are most marginalized in society²². In the context of older subpopulations such as women, Indigenous people, prisoners, immigrants, those in rural and remote areas, LGBTQ2 communities and homeless people, it is not only useful but invaluable to view policy through the intersectionality lens.

Intersectionality is critical for understanding inequalities because the older people experiencing the most severe inequality often identify as a member of multiple groups which experience systemic and societal oppression. Many policy gaps emerge at the intersections of specific communities. For example, not only are older homeless people likely to identify as LGBTQ2, but the demographic profile suggests they are also likely to identify as Indigenous or an immigrant²³. Similarly, older people within LGBTQ2 communities experience even greater inequality and are less likely to access care and services due to fear and reality of discrimination when they also identify as a person of colour, immigrant, woman and / or have a disability.

Inequalities experienced by specific subpopulations have unique characteristic features, yet also similarities. The importance of education and training programs that draw attention to the unique needs and experiences of specific groups of older people were recognized as helping to counter the systemic discrimination felt by these communities. Educational initiatives and cultural competency programs have experienced great success for groups like older LGBTQ2 people, older immigrants and older Indigenous people. Gaining an understanding of the unique experiences and needs of these populations is an important starting point in understanding the impact of intersectional discrimination.

Moving forward, health and social service policies and initiatives should incorporate training programs and procedures to ensure appropriate treatment and care for service users of diverse identities. Similarly, adapting systems with the help of members of these communities is crucial in promoting welcoming and inclusive organizations and programs for older people.

²² Cooper, B. (2015). Intersectionality. In *The Oxford handbook of feminist theory*.

²³ Grenier, A., Barken, R., Sussman, T., Rothwell, D., Bourgeois-Guérin, V., & Lavoie, J. P. (2016). A literature review of homelessness and aging: Suggestions for a policy and practice-relevant research agenda. *Canadian Journal on Aging/La Revue canadienne du vieillissement*, 35(1), 28-41.

Data Collection

Policies informed through clear evidence of the individual, the population, the environment and the intersections are critical to proactive programs that enable those in subpopulations to realise a presence in community that is valid and valuable. Reactive and / or delayed policy is both ineffective in addressing the root cause of problems, but also counterproductive to changing the stereotypical attitudes toward marginalised populations.

Unfortunately, the unique experiences of older people are often not represented in data on population demographics. For example, in some instances, national and regional level surveys group people over a certain age (e.g. 60 years of age and older) together, thereby assuming the needs and experiences of this group are all the same, which is likely not the case.

The dearth in data on the experiences of older people is even greater when it comes to those who identify as part of marginalized communities. Fear of discrimination and harassment, distance from and access to urban academic centers conducting research and language barriers are just three of the many reasons there is a lack of information available about the experiences of older people within marginalized communities.

The policy implications of not adequately, or accurately, reflecting the population demographics of a constituency are far-reaching and the inequalities illustrated throughout the Summit were often the result of gaps in both policy and practice.

Having data on specific subpopulations of marginalized older people is critical in ensuring their needs are reflected in policies and programs. For example, the population of older homeless people in an area is difficult to capture given the transient and hidden nature of this group. However, point in time counts, a count of sheltered and unsheltered homeless persons on a single night, provide an accurate account of the number of older homeless people in an area. This is a cost-effective strategy that can be utilized when advocating for a population that is difficult to capture within traditional data collection.

However, it is important to note that even when representative data exists, it still may not be enough to transform policy. Due to fear of disclosure, there is limited data available on the experiences of older LGBTQ2 people, as it is often possible for individuals in these communities to hide their identity. Within this limited data, most of what is currently available is qualitative anecdotal recounts of personal experiences. Not surprisingly, when quantitative data is collected it accurately reflects the results of qualitative research undertakings²⁴. Unfortunately, small sets of qualitative data, although representative of the experiences of the communities, lacks the power and influence that comes with large quantitative data sets.

Without accurate and up-to-date quantitative and qualitative data about population demographics, it is difficult to address the inequalities experienced by marginalized populations. Moving forward, data collection should be purposeful and adapt to the population of interest. Ensuring that those collecting data go to where the individuals are, whether that be shelters, rural towns or cultural community centers, is critical to ensuring that the hardest to reach are heard.

Intergenerational Initiatives

It is often identified and described that social isolation increases the inequalities that marginalized older people experience across their lifetime. Intergenerational programs provide an opportunity to bridge the gap between generations and cultures, while also building community. In addition, these initiatives

²⁴ Public Attitudes Toward Aging Sexual and Gender Minorities Around the World. (2018). SAGE. New York, United States.

have the potential to challenge stereotypes while promoting cultural knowledge exchange, explore common needs and differences across the generations, and can be a mechanism for developing new forms of support and solidarity.

One specific benefit of intergenerational initiatives is their role in combating ageism. Ageing within a marginalized community includes group specific discrimination (e.g. discrimination on the basis of sex or race), as well as the additional burden of prejudice based on age. Ageism involves the stereotypes, prejudice and discrimination experienced by individuals on the basis age. Although laws and policies are in place to protect against certain acts of age-based discrimination, the misconceptions and negative stereotypes around older age are pervasive in all aspects of society.

With LGBTQ2 communities, ageism is quite common and intergenerational projects that bring different age-groups together are critical in reducing social isolation and in promoting inclusion. For example, community arts-based programming is often utilized as a tool to encourage dialogue across generations and cultures, while also providing an impetus for individuals to leave their homes and come together.

In addition, the importance of crafting these forms of initiatives in collaboration with community members, including determining the purpose of the activity, the design and structure of activity and then evaluating the community impact, was highlighted as good practice. For example, when working with immigrants, community ambassadors have been identified as critical to the success of initiatives. These individuals are often recognized as leaders in their community and help design peer programs and coordinate visiting opportunities, as well as are crucial in expanding kinship networks across the generations. Involving community leaders ensures that programs are both culturally respectful and meet the needs of the community.

Moving forward, advocating for intergenerational policy will have a greater impact across generations as it recognizes the reciprocity and interdependence between different generations. These policies will not only promote the wellbeing of older people within marginalized communities, but also ensure that a life course approach is taken when addressing inequalities.

Resilience

The life of an individual born into and / or living as a member of a marginalised community is often raw, unrelenting and tough. However, what cannot be overstated is the strength and resilience that has emerged within these groups because of their lived experiences.

Resilience, “the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress,”²⁵ is exemplified by the lived experiences of older people, at both the individual and community level. Community resilience may also be a response to a situation due to a lack of representation in government policy, or more personally because of a family or community situation. Regardless of ‘the why’, policy development is complex, multilayered and often uninformed from the very people who have and do live with constant and continuous discrimination and invisibility.

The experiences of ageing Indigenous communities in Canada highlight the importance of harnessing resilience and celebrating cultural traditions, worldviews and challenging colonial assumptions. Indigenous Elders are important pillars of their communities and bring with them the wisdom of their experiences. These often include experiences from residential schools, as well as a life course of ongoing colonization. When these Elders are engaged in the development of policies and practices, it improves the uptake of the intervention and the overall success of the project.

²⁵ American Psychological Association. The Road to Resilience. Retrieved” <http://www.apa.org/helpcenter/road-resilience.aspx>

Similarly, one potential solution to the inequalities experienced by older LGBTQ2 people is to leverage the resiliencies of individuals within these communities. Older LGBTQ2 people experience high levels of social isolation as they are more likely to be single, live alone and be estranged from their biological families. At the same time, LGBTQ2 youth are more likely to suffer from mental illness and experience suicidal ideation and behaviour, as well as experience homelessness than their non-LGBTQ2 peers. Successful initiatives within LGBTQ2 communities have emerged when the resilience of older LGBTQ2 people is harnessed and they take on mentorship roles. Not only does this promote social inclusion and a sense of worth for older people, for LGBTQ2 youth, it illustrates that they have support systems to harness and a community in which to grow older.

Recommendations for Future Policy Direction

Included in the table below are examples of initiatives and strategies which should be harnessed by policy makers to address the inequalities experienced by marginalized subpopulations of older people.

Presenter and Topic	Recommendations
Healthy Ageing and Health Equity Dr Ritu Sadana	<ul style="list-style-type: none"> • Share successful local initiatives with WHO to improve project scale-up • Create global partnerships with varied resource levels • Ensure that collected data reflects population diversity
Older Women Ms Pamela Ateka Muthiora	<ul style="list-style-type: none"> • Create community spaces for older women • Organize advocacy workshops on combating ageism and sexism • Develop community-based intergenerational initiatives
Older Indigenous People Dr Jennifer Walker	<ul style="list-style-type: none"> • Utilize Indigenous conceptions of age-related wellbeing • Increase investment in managing health across the life course • Decolonize health and social care services
Older Prisoners Ms Stacie Ogg	<ul style="list-style-type: none"> • Create a National Older Offender Strategy • Incorporate 24/7 nursing coverage into all prison facilities • Develop release and care options for older people
Older Immigrants Ms Axelle Janczur	<ul style="list-style-type: none"> • Build on individual assets and leverage skills and abilities • Utilize community ambassadors for navigating systems • Utilize multi-sectoral collaborations and include families
Older People in Rural and Remote Areas Prof Mark Skinner	<ul style="list-style-type: none"> • Leverage the contributions of older residents • Encourage economic renewal via rural retirement migration • Translate rural innovation into urban areas
Older Homeless People Dr Amanda Grenier	<ul style="list-style-type: none"> • Include older people within homelessness strategies • Alter age-related program eligibility for persons under 65 years old • Develop opportunities to age-well out of shelters and hospitals
Older LGBTQ2 People Mr Michael Adams	<ul style="list-style-type: none"> • Develop public policies that are inclusive of LGBTQ2 ageing • Utilize training programs for care providers • Develop LGBTQ2-friendly housing for older people
Ageing with Global Inequalities Dr Alexandre Kalache	<ul style="list-style-type: none"> • Foster greater equality within countries • Incorporate a gender perspective within care initiatives • Utilize intergenerational initiatives to combat ageism

Key Messages

Throughout the Addressing Inequalities Summit, the diverse experiences of older people within marginalized communities were presented. Discussions included the unique challenges faced by these

cohorts, as well as identifying common themes across specific subpopulations. Key messages and the four major themes that emerged from the Summit include:

- Theme One: The importance of collecting data that reflects the diversity of the ageing population is crucial in ensuring inequalities are acknowledged and addressed.
- Theme Two: Older people in marginalized communities are resilient and although they have experienced a lifetime of oppression, harness that strength to make improvements in their communities.
- Theme Three: Utilizing the framework of intersectionality illustrates that the discrimination and stigma felt by marginalized communities, as well as ageism, are exacerbated when individuals experience additional dimensions of oppression due to factors such as race, class or ability.
- Theme Four: Within communities, intergenerational initiatives are a vehicle to combat ageism and promote social inclusion through the creation of spaces that challenge stereotypes and provide opportunities for cultural knowledge exchange.
- Fostering collaborations between local and global organizations to ensure that best practices and successful initiatives can be scaled up.
- Advancements to policy and practice need to address the individual and societal factors that foster inequalities.
- Special attention needs to be paid to addressing the inequalities experienced by older women, older Indigenous people, older prisoners, older immigrants, older people living in rural and remote areas and older LGBTQ2 people

Conclusion

With the aim of informing future policies and practices for Employment and Social Development Canada, the Addressing Inequalities Summit's discussion focused on the similarities and differences that exist between marginalized subpopulations of older people. As policy development moves forward, the information gained from the Summit should serve as both a cautionary tale and a call to action.

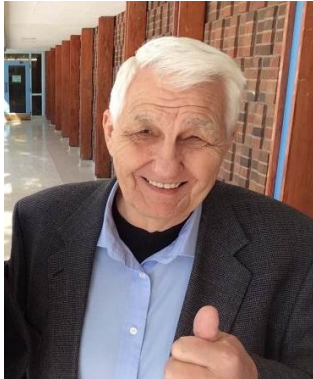
Marginalized subpopulations have been largely neglected within policies and practices globally and it is only in recent years that the true impact of intergenerational oppression has begun to be unpacked. With a rapidly ageing global population, older people within marginalized communities experience the burden of a life course of discrimination that negatively impacts their health and wellbeing. This Summit identified many instances where groups of older people from marginalized communities experienced systemic and societal discrimination due to gaps in policy and practice that neglected these individuals.

The experiences of older women, older Indigenous people, older prisoners, older immigrants, older people living in rural and remote areas and older LGBTQ2 people were discussed with themes of, intersectionality, data collection, intergenerational initiatives and resilience interwoven throughout.

Moving forward, it is critical that the prejudice, stigma and discrimination experienced by older people within these populations are addressed through policies and practices that promote equality throughout the life course. If the inequalities are not addressed, and the experiences of older people in marginalized communities continue to be ignored, the systemic changes required to challenge discriminatory narratives against these populations will not be met.

Appendices

Presenters



Territory Acknowledgement – Dr Bob Phillips *(Great Bear), non-Status Urban Mi'kmaq Elder*

Although a traditional Pipe Carrier, Bob is also very contemporary and holds a PhD in Indigenous Studies from Trent University.

He also holds an MA in Fine Art History from York University. Bob Phillips spent ten years as host of the Aboriginal Voices Radio *Arts Review* show discussing art, culture and contemporary issues with community members from across Canada and the Far North.

He will give a ten-week course on Indigenous Peoples beginning on Tuesday, September 11, 2018 for the George Brown College Seniors' Association.

Opening Remarks – Ms Nancy Milroy-Swainson

Director General, Seniors and Pensions Policy Secretariat, Employment and Social Development Canada

In July 2015, Nancy Milroy-Swainson was appointed as the Director General of the Seniors and Pensions Policy Secretariat in Employment and Social Development Canada. The Secretariat plays an important role in income security for Canadian seniors, being the legislative and policy lead for the Canada Pension Plan and Old Age Security Program. The Secretariat is also responsible for policy leadership on issues affecting seniors and serves as the federal focal point on seniors' issues, which includes providing leadership and support with respect to the Federal/Provincial/Territorial Forum for Ministers/Deputy Ministers Responsible for Seniors, and the National Seniors Council.



Previously, Nancy served as the Director General of the Office for Disability Issues. During that time, the Office served as a focal point in promoting the full participation of people with disabilities in all aspects of Canadian society. The Office also provided policy leadership on issues affecting people with disabilities, managed selected federal programs of benefit to people with disabilities and served as a model accessible workplace.

Nancy has been in the federal public service for 30 years, principally in health and social policy and program roles. Prior to the Office of Disability Issues, Nancy held several senior positions at Health Canada and was responsible for strategic advice and policy analysis on a range of health care issues, including primary health care, palliative/end-of-life care, e-health, cancer and autism. Intergovernmental and international work was part of all of these responsibilities.

Nancy has a master's Degree in health administration from the University of Ottawa and a Bachelor of Science (Honours Biology) from Queen's University.



Keynote Address – Dr Ritu Sadana

Senior Health Advisor, World Health Organization

Ritu Sadana is Senior Health Advisor at the World Health Organization in Geneva, Switzerland and is passionate about health equity. With WHO Member States and Non-State Actors, she coordinated the negotiation process leading to the first Global Strategy and Action Plan on Ageing and Health, that includes the goal to prepare for the Decade of Healthy Ageing aligned to the Sustainable Development Goals. She currently leads preparations for the WHO Baseline Report for the Decade, expected in 2020, and recently set up a new network of WHO Collaborating Centers for Healthy Ageing, an International Consortium on Metrics and Evidence in this area, and with National Statistical Offices and UN partners, the Titchfield City Group on Ageing and Age Disaggregated Data.

Previously, she coordinated global knowledge networks involving 150 institutions to identify what works to improve health equity, informing the WHO Commission on Social Determinants of Health; WHO’s Health Research Systems Analysis Initiative in 15 LMICs; a WHO Task Force on Global Research Priorities on Health Equity; and a WHO Consultative Group on Equity and Universal Health Coverage. She was a key contributor to the Global Burden of Disease study and the WHO World Health Survey. Dr Sadana is an economist and epidemiologist trained at UCLA and Harvard University, and also worked in Cambodia, the United States and WHO’s European Regional Office.

Plenary Panelist – Ms Pamela Ateka Muthiora

Executive Director, Community Focus Group

Ms Pamela Ateka Muthiora is the founder Women in Democracy and Governance. She is a women human rights activist, a Poet and the Author of "Sing Africa Sing". Ms Muthiora is a nominee of The Reebok Human rights Award and is a Winner of National Music Festival Award in Kenya. She is a wife and mother of four children, Pendo, Neema, Benjamin and Shanice.



Plenary Panelist – Dr Jennifer Walker

School of Rural and Northern Health, Laurentian University

Dr. Jennifer Walker is a Haudenosaunee member of Six Nations of the Grand River with a Ph.D. in Community Health Services (Epidemiology) from the University of Calgary. Jennifer’s work focuses on Indigenous community-engaged research using large health services databases to better understand aging in Indigenous-specific contexts. Specifically, Jennifer is currently working with a team to profile healthy aging, frailty and multimorbidity in older First Nations populations in Ontario, Canada, using both provincial health data and data obtained through the First Nations Regional Health Survey. She is also part of a team in Saskatchewan, Canada, using provincial health data in combination with the First Nations Regional Health Data to better understand dementia and health service use among Saskatchewan First Nations populations.

Her program of research is supported by a Canada Research Chair for Indigenous Health at Laurentian University and through her work as a Core Scientist at the Institute for Clinical Evaluative Sciences (ICES).

Jennifer's primary academic appointment is at Laurentian University within the School of Rural and Northern Health; she also holds professor status at the Dalla Lana School of Public Health at the University of Toronto.

Jennifer's research aims to work with Indigenous populations so that they can take ownership and control of their health data to use it toward the benefit and wellbeing of their people and communities.

Plenary Panelist – Ms Stacie Ogg

Deputy Director, Government of Canada Office of the Correctional Investigator

Stacie Ogg received her Master of Arts degree in Sociology from Queen's University in 1999. She is a Deputy Director with the Office of the Correctional Investigator.

Ms. Ogg joined the Public Service of Canada in 1999. She has held a variety of senior managerial research and policy positions in public safety-related federal departments and agencies. She joined the Office of the Correctional Investigator in 2012 and has primarily been responsible for conducting systemic investigations on behalf of the Office. Ms. Ogg has led national level systemic investigations in several areas examining issues such as diversity in corrections, the effectiveness of community correctional centres, information sharing practices with families of deceased inmates and young adult offenders. She is currently leading a national investigation, in partnership with the Canadian Human Rights Commission, on aging and elderly offenders. She is conducting interviews across the country with aging individuals in federal penitentiaries, those residing in community residential facilities and those working in aging and dementia.



Plenary Panelist – Ms Axelle Janczur

Executive Director, Access Alliance Multicultural Health and Community Services

Axelle has been working in the not for profit sector in Toronto for the last 30 years. Over her career she has had leadership roles in organizations that are focused on addressing systemic barriers to services for vulnerable populations. She worked to create awareness and develop programming for internationally educated professionals as well as developing standards and a regulatory framework for

language interpreting in Canada.

In her role as Executive Director at Access Alliance Multicultural Health and Community Services, some of her accomplishments include advocating for improved access to the determinants of health for individuals and communities facing discrimination and marginalization and launching a community-based research program currently focused on the health impacts of racialization of poverty and in particular, precarious employment. With an MA and an MBA from the Schulich School of Business she is also currently a lecturer at Schulich. She has done extensive volunteer work, sitting on numerous boards, worked several years as a division convenor for West End United Soccer Club and most recently joined a group sponsoring a Syrian family currently living in Turkey. She says she is privileged that her work inspires her daily and as an empty nester has more time than ever.

Plenary Panelist – Prof Mark Skinner

Canada Research Chair in Rural Aging, Health and Social Care

Mark Skinner, Ph.D., is Professor and Acting Dean (Social Sciences) at Trent University, where he holds the Canada Research Chair in Rural Aging, Health and Social Care, and was the founding Director of the Trent Centre for Aging & Society. A leading rural aging scholar, Mark is a member of the Royal Society of Canada’s College of New Scholars, Artists and Scientists. His CIHR and SSHRC funded research examines how rural people and places are responding to the challenges and opportunities of population aging, particularly the evolving role of the voluntary sector and volunteers in supporting older people and sustaining rural communities. His recent books include *Ageing Resource Communities: New Frontiers of Rural Population Change, Community Development and Voluntarism* (Routledge, 2016), and *Geographical Gerontology: Perspectives, Concepts, Approaches* (Routledge, 2018).



Plenary Panelist – Mr Michael Adams

Chief Executive Officer, SAGE

Michael Adams is the Chief Executive Officer of SAGE – Services and Advocacy for GLBT Elders. SAGE is the oldest and largest organization in the United States dedicated to transforming the LGBT aging experience. In partnership with SAGE affiliates countrywide, SAGE serves countless LGBT older people nationally via technical assistance, trainings and services as well as advocacy at every level of government. In 2009, the U.S. Department of Health & Human Services selected SAGE to establish and run the country’s first and only National Resource Center on LGBT Aging.

Prior to joining SAGE, Michael was the Director of Education and Public Affairs for Lambda Legal. Prior to that, Michael spent a decade leading cutting edge litigation that established new rights for LGBT people, first as Associate Director of the ACLU’s Lesbian and Gay Rights Project, and then as Deputy Legal Director at Lambda Legal.

A graduate of Stanford Law School and Harvard College, Michael has authored numerous publications on an array of LGBT issues. He has taught law school courses on sexual orientation and gender identity and has served on advisory councils for AARP, the American Society on Aging, and the New York City Department for the Aging among others.

Plenary Panelist – Dr Amanda Grenier

Chair, Gilbrea Centre for Studies in Aging; Gilbrea Chair, Aging & Mental Health

Dr. Grenier is a Professor in the Department of Health Aging and Society, the Gilbrea Chair in Aging and Mental Health, and the Director of the Gilbrea Centre for Studies in Aging at McMaster University (Canada). She is a social gerontologist who has carried out funded research on life course transitions, social constructs of frailty, aging with a disability, homelessness among older people, social isolation among seniors, and precarious aging. She is widely published in academic journals on aging, is the author of *Transitions and the LifeCourse: Challenging the Constructions of Growing Old* and is currently writing a book on *Late Life Homelessness (MQUP)* and co-editing a collection on *Precarity in Late Life (Policy Press)*.



Keynote Address – Dr Alexandre Kalache

Co-President, International Longevity Centres (ILC) Global Alliance; President, ILC-Brazil

Alexandre Kalache is the current Co-President of the International Longevity Centres Global Alliance (ILC-GA), a seventeen-country consortium of think tanks on ageing with consultative status to the United Nations. He shares the Presidency of the ILC-GA with Dr Mary Anne Tsao who heads ILC-Singapore and the Tsao Foundation. Dr Kalache has been a protagonist on world-wide ageing policy issues for four decades

as both academic (at the Universities of Oxford and London; 1975-1995) and as international civil servant.

It was in the latter role as Director of the World Health Organisation (WHO) global programme on ageing (1995-2008) that he instigated the Age-friendly Cities movement with the launch of the WHO Age-friendly Cities Guide (2007) and the policy document that informed it, the WHO Active Ageing Policy Framework (2002; revised in 2015). Professor Kalache is involved in the implementation of specific age-friendly city initiatives in a range of urban locations worldwide from mega-cities to small municipalities. He advises national, state and municipal governments as well as private foundations and businesses worldwide on ageing policy initiatives.

His interests go beyond urban planning to such areas as age-friendly hospitals, universities and hotels. He serves on a variety of boards for such bodies as the World Economic Forum (WEF), Oxford University, WHO, the Robert Wood Johnson Foundation and the Gulbenkian Foundation. He also represents HelpAge International (HAI) as a Global Ambassador. Professor Kalache is a national of Brazil and founded ILC-Brazil in his birth city of Rio de Janeiro in 2012 and additionally serves as its inaugural President.

Moderator - Dr Jane Barratt

Secretary General, International Federation on Ageing

Jane Barratt is the Secretary General of the International Federation on Ageing, an organization with members in 62 countries which represents 50 million older people. She brings to her position over 35 years of public and private sector experience in public health, community and aged care, and ageing and disability.

Dr. Barratt strives to strengthen relationships between government, NGOs, academia, and industry to influence policy and improve the quality of life of older people. She is a strong contributor to international dialogue on the social, political, cultural and physical environments that impact the lives and human rights of older people.

Over many years, Dr. Barratt has led in organizational management, staff development, and operations analysis. Her work has led to improvements in policies, programs, and client outcomes across sectors and disciplines. She is an international speaker and facilitator of repute, with a flair for thought-provoking sessions that spur audiences to action.

Dr. Barratt is a Churchill Fellow, and she was recently awarded the Queen Elizabeth II Diamond Jubilee Medal in Canada in recognition of her efforts to enhance understanding of ageing, engage governments and the private sector, and improve the quality of life of older people.

Dr. Barratt represents the IFA at the United Nations Economic and Social Council. She is directly responsible for formal relations with the Ageing and Life Course Department of the World Health Organization. She holds numerous adjunct academic positions, executive positions, and board positions, including Age Macular Degeneration Alliance International and Baycrest Hospital, which is one the world's premier academic health sciences centres focused on ageing.



Moderator – Ms Brenda Appleton

Co-Chair, Victoria LGBTQI Taskforce

Brenda retired in 2009 after 35 years working in the corporate sector and is now heavily involved volunteering with a wide range of community groups, including the LGBTI communities in Melbourne (for nearly 20 years). She is the Chair of Transgender Victoria, co-chair of LGBTI Taskforce set up by the Victorian Government, a member of the Victorian Mental Health Expert Taskforce and a member of Victorian Government's Elders Abuse Roundtable.

She was inducted onto the Victorian Honour Roll of Women in 2017.

Brenda is passionate about using her lived experience in an effort to improve the health and wellbeing of trans and gender diverse people across Victoria and undertakes a lot of LGBTI and trans and gender diverse training and education for Government, Corporates and NGOs.

Moderator – Mr Graeme Prior

Chief Executive Officer, Hall + Prior Residential Health and Aged Care

Graeme Prior is one of the founding Directors of Hall & Prior Residential Health & Aged Care Group and has been CEO since 1997. H&P provides care to approximately 1,500 high care residential clients and 1,000 community clients in Western Australia and New South Wales. Hall & Prior employ over 1,800 dedicated staff.

Graeme maintains an active leadership role in industry and government activities, including:

- Director of the International Federation of Ageing (IFA)
- Board member of the Commonwealth Government Sponsored CRC for Mental Health, and is also the Chairman of the CRC's Audit and Risk Committee



Graeme has previously been a Director & Independent Chairman for the Aged Care Industry IT Company (ACIITC), a member of the ACFI industry reference group, and a Past President and Board member of the Aged Care Association Australia-Western Australia (ACAA-WA), a member of the Curtin Aged Care Advisory Group, was on the Expert Panel for the National Evidence Based Aged Care Unit (NEBACU) at Adelaide University, and a founding member of the Centre of Excellence for Alzheimer's Disease Research and Care in Western Australia.

Graeme is a Member of the Chartered Accountants Australia and New Zealand and a Fellow of the Australian Taxation Institute and a Fellow of the Australian Institute of Management.

Graeme has a strong vision for the future of the aged and community care sector and the role that the business community can play in achieving this.

Event Logistics

The Addressing Inequalities Summit took place on Tuesday 7 August 2018 from 9:30am – 4:00pm EST in the Churchill Ballroom of the Chelsea Hotel in Toronto, Canada. Approximately 200 delegates, including presenters, moderators, IFA staff and ESDC representatives, received complimentary admission to attend the Summit with the purpose of encouraging the presence of representatives from marginalized populations. Invitations were sent to high-level executives from local, national and global organizations that work with marginalized subpopulations of older people and those who attended represented non-governmental organizations, government bodies, academia and industry.

The Churchill Ballroom was set up to accommodate 200 delegates in rounds of eight to encourage maximum discussion and networking during the health break and lunch. Morning tea and coffee, as well as lunch were provided to all attendees. To ensure that all presentations were accessible to both English and French audiences, the PowerPoint presentations were projected in both English and French, while simultaneous French translation was also offered.

The Summit program was developed around three plenary panels, which included seven presentations on specific marginalized populations of older people, as well as two keynote presentations. The Summit program can be accessed [here](#).

Event Promotion

Promotional materials, including but not limited to posters, blog posts, and social media posts were created leading up to the Summit. These materials were distributed to organizations which work with

these specific subpopulations to ensure that they were reached throughout the promotion of this event. Tailored promotional strategies were developed to ensure maximum exposure in Canada and internationally, which helped to ensure that members of more vulnerable populations were reached and were able to share their lived experiences at this event.

Links to PowerPoint Slides

The English PowerPoint slides provided by presenters can be accessed [here](#), and the ESDC translated French PowerPoint slides can be accessed [here](#).